

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 17 1941MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28169

State File No.

Registration District No. 241

Primary Registration District No. 5334

Registrar's No. 1292

1. PLACE OF DEATH:

- (a) County Dallas
(b) City or town Rural S. Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT
FULL NAMELee Young

3. (b) If veteran,

name war _____

3. (c) Social Security

No. 500-09-5867

4. Sex

M5. Color or
race W6. (a) Single, widowed, married,
divorced S

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased

2
(Month)25
(Day)1900
(Year)

8. AGE:

Years

Months

Days

If less than one day

41515

hr. min.

9. Birthplace

Dallas Co.
(City, town, or county)Mo. D
(State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

12. Name

ALF Young

13. Birthplace

City, town, or countyMo. D
(State or foreign country)

14. Maiden name

Sarah Breed Love

15. Birthplace

City, town, or countyMo. D
(State or foreign country)

16. (a) Informant

Geo. Young

(b) Address

Buffalo Mo.

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof

8-12-41
(Month) (Day) (Year)

(c) Place: burial or cremation

Plad

18. (a) Signature of funeral director

L. B. Jones

(b) Address

Buffalo Mo.

19. (a)

(Date received local registrar)

Harry Moran

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Dallas
(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Buffalo Mo.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 10
year 1941 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from 8-6-41
Saw him run to 8-6- 1941;
that I last saw him alive on 8-6 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Myocarditis Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(c) Means of injury 223. Signature V. H. Greenman (M. D. or other) _____Address Buffalo Mo Date signed 8-9-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number

Date Filed

9-41-1684

9-15-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Clyde Montgomery

Licensed Embalmer No.

3592

P. O. Address

Buffalo Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28169
Registrar's No. 12931

Registration District No. 241

Primary Registration District No. 5334

1. PLACE OF DEATH:

- (a) County Salles
(b) City or town Rural Benton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community. years, months or days)

3. (a) PRINT
FULL NAME

Lee Young

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex

m

5. Color sk
race

6. (a) Single, widowed, married,
divorced s

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive. years

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 18
year 1991 hour 10 minute 00 M.

21. I hereby certify that I attended the deceased from 1991 to 1991,
that I last saw him live on 1991,
and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

100

101

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